



The University of Arkansas
FORT SMITH LIONS



Basketball Questionnaire

PLAYER

Name: _____ Preferred Name: _____
 School Name: _____ Graduation Year: _____
 Height: _____ Weight: _____ Date of Birth: _____
 Home Phone: _____
 Cell Phone: _____
 Email Address: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____

CONTACTS

Father's/Guardian Name: _____
 Occupation: _____
 Father's Work Phone: _____
 Mother's/Guardian: _____
 Occupation: _____
 Mother's Work Phone: _____
 High School Coach: _____ Coach Phone: _____
 AAU/Summer Coach: _____ Coach Phone: _____

ADDITIONAL

What are your interests (hobbies, activities, etc.): _____

 Favorite NBA Player: _____
 Favorite College Team: _____
 Most Influential Person(s) in your life and why: _____

 Future Career Interests: _____
 ACT score: _____ SAT score: _____

Return To:

The University of Arkansas - Fort Smith
 ATTN: Men's Basketball
 5210 Grand Ave
 Fort Smith, AR 72913
 or email to: nmast@uafortsmith.edu